

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JAN 3 1963

Primary Registration District No. 54/

Registrar's No.

3626

62-048965
STATE FILE NUMBER

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton | | c. CITY OR TOWN University City | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. Louis County Hosp | | d. STREET ADDRESS 723 Westgate | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First RACHEL Middle ELBERG Last ELBERG | | 4. DATE OF DEATH Month 12 Day 11 Year 1962 | |
| 5. SEX female | 6. COLOR OR RACE cauc. | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Apr. 1907 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor | | 10b. KIND OF BUSINESS OR INDUSTRY Restaurant | 9. AGE (last birthday) 55 |
| 11a. BIRTHPLACE (City and state or country) Lithuania | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME (unknown) | | 13b. MOTHER'S MAIDEN NAME (unknown) | |
| 14. NAME OF HUSBAND OR WIFE Unknown | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. [REDACTED] | | 17. INFORMANT Mrs. M. Alex | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Pulmonary Edema DUE TO (b) Hypertensive C-V Disease DUE TO (c) [REDACTED] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | 18. CONTINUED Interval between onset and death hours years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic recurrent bronchitis & Emphysema | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION University City | |
| 20g. COUNTY [REDACTED] | | 20h. STATE [REDACTED] | |
| 21. I attended the deceased from April 13/54 to Dec 11/62 and last saw her alive on Dec 11/62 Death occurred at 6:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE [Signature] (Degree or title) MD | |
| 22b. ADDRESS 3780 Washington | | 22c. DATE SIGNED 12/11/62 | |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL | 23b. DATE 12-13-62 | 23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. | 23d. LOCATION (City, town, or county) University City |
| 24. FUNERAL DIRECTOR Berger Memorial | | 25. DATE RECD. BY LOCAL REG. 12-13-62 | |
| 26. REGISTRAR'S SIGNATURE [Signature] | | 27. REGISTRAR'S SIGNATURE [Signature] | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 16 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Quir J. Judung

Licensed Embalmer No. 4229

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.